RCE 7/2/05

PTC/758/05 (03-03)

Approved for use through 7/31/7008, ONIB 053 1-0022

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875						78780000		
	SMALL (	NTTTY	OR		R THAN ENTITY			
FOR	(Column 1) (Column 2)  NUMBER FILED MINISER EXTRA			RATE	FEE		RATE	ÆÉ
BASIC FEE D7 CFR 1,16(1))			\$	OR	<u> </u>	<u>.                                    </u>		
TOTAL CLAIMS D7 CFR 1.18(4)	16 mms 20					OR	x 1	
INDEPENDENT CLAIMS OF CFR 1.190()	2 minus 3 =		× 4 •		OR	x *		
MULTIPLE DEPENDENT CLASM PRESENT (\$7 CFR 1.18(4))				+1		OR.	+9=	
" if the difference in colum	TOTAL		OR	TOTAL				
CLAIMS AS AMENDED - PART II								
7/24/05 (Column 1) (Column 2) (Column 3)				SMALL	ENTITY	OR		THAN ENTITY
<b>4</b> F	CLAIMS REMAINING AFTER MENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	. RATE	ADOI- TIONAL FEE		RATE	ADOI- TIONAL FEE
Total or	19 Minus	-20	•	# \$*		OR	z 4•	
Z trubependent	2 Minus	- 3		X		or	X 5 *	
PORT PRESENTATION OF MALTIPLE DEPENDENT CLAIM (07 CFR 1.400)						OR	+5=	
Assessment and a second				TOTAL ADDL FEE		l ari	TOTAL ADDLEE	
E 2/17/1 8	COLUMN 1) CLAIMS IE MAINING AFTER MENOMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		ANTE	ADD: TIDIGAL
Z	/X : Mirus	- 20	0	X 8		OR	×	
City Cardin (1909)	3 Minus	-3	0	x 8		'OR	×i_C	
FREST PRESENTATION OF MALTIPLE DEPOSITION COLORS (COLORS 1.1868)				+8a		or.	<u></u>	
+40# 803				TOTAL ADDL FEE		OR	ADD'L FEE	
(Cotumn 1) (Cotumn 2) (Cotumn 3)								
\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	CLAINS EMAINING AFTER MENDIMENT	HIGHEST HUMBER PREVIOUSLY PAID FOR	THERESHY ANTING	RATE	ADOI- TIONAL . FEE		RATE	ADDI- TIONAL FEE
O Carcan respon	.25 Minus	-20	• 0	x 8=		OR	x8	/_
thdependent "-	Minus	<del>"</del> 3	• 1)	x 8		OR	× 8=	$\times$
FRIST PRESENTATION OF MULTIPLE DEPOIDENT CLAIM (OF ORE 1.18(N))						OR	+5 -	/
·. ·						,OR	TOTAL ADDIL FEE	
" If the entry in column 1 is less than the entry in column 2, write "V in column 3.  " If the "Righest Number Provincely Paid For" RI THIS EPACE is less than 20, enter "20".  " If the "Righest Number Provincely Paid For" RI THIS SPACE is less than 3, enter "V".								

The "Highest Number Previously Paid For" (In This SPACE is tess than 3, enter "?".

The "Highest Number Previously Paid For" (Intail or independent) is the highest number found in the appropriate but in column 5;

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retails a benefit by the public which is to the fand by the USPTO to process; on application. Confidentally is governed by 35 U.S.C. T22 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gettering, preparing, and submitting the completed application fone to the USPTO. Then will vary depending upon the individual cases. Any committees on the annual of likes you require to complete the form endor suppersions for reducing the burden, should be ent to the Called Internation Officer, U.S. Department of Commerce, P.O. Box 1450, Abstantia, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Putentia, P.O. Box 1450, Abstantia, VA 22313-1450.

If you need assistance in complaing the larm, call 1-800-PTO-9199 and select option 2.